



06-30-04

AFL3723 #  
61  
HDP/SB/21 based on PTO/SB/21 (08-00)

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/465,946
		Filing Date	December 17, 1999
		First Named Inventor	Stuart Wright
		Group Art Unit	3723
		Examiner Name	Maurina T. Rachuba
Total Number of Pages in This Submission		Attorney Docket Number	CS 1062#SP (HD&P 0275S-500804)

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Replacement Sheet of Drawings - Figure 13; return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 02-2548. A duplicate copy of this sheet is enclosed.

RECEIVED

JUL 07 2004

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

TECHNOLOGY CENTER P3700

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name W. R. Duke Taylor	Reg. No. 31,306
Signature			
Date	June 29, 2004		

### CERTIFICATE OF MAILING/TRANSMISSION

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Signature		Date	June 29, 2004

EV 533 148 904 US

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# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 750)**Complete If Known**

Application Number	09/465,946
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First Named Inventor	Stuart Wright
Examiner Name	Maurina T. Rachuba
Group / Art Unit	3723
Attorney Docket No.	CS 1062#SP (HD&P Ref: 0275S-500804)

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit card  Money  Other  None  
 Deposit Account:
Deposit  
Account  
Number

02-2548

Deposit  
Account  
Name

Black &amp; Decker (U.S.) Inc.

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.
 **FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
<b>SUBTOTAL (1)</b>		(\$ 0)	

**2. EXTRA CLAIM FEES**

Total Claims	-20 **	=	0	X	Fee from below	Fee Paid
Independent Claims	-3 **	=	0	X		0
Multiple Dependent				X		0

**Large Entity**

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		(\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	420
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	2,010	2255 1,005 Extension for reply within fifth month	
1401	330	2401 165 Notice of Appeal	330
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive – unavoidable	
1453	1,330	2453 665 Petition to revive – unintentional	
1501	1,330	2501 665 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(e)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801 385 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(\$ 750)

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	W. R. Duke Taylor	Registration No. Attorney/Agent	31,306	Telephone	248-641-1600
Signature	<i>W.R. Duke Taylor</i>			Date	June 29, 2004

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